

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022136

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5580

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 3 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 30 years	
c. FULL NAME OF (If NOT in hospital, give location): HOSPITAL OR INSTITUTION D.O.A. Christian Hospital		d. STREET ADDRESS 5374 N. Kingshighway	
3. NAME OF DECEASED (Type or print) RICHARD A RIGGS		4. DATE OF DEATH May 25 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/2/1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive Engineer		10b. KIND OF BUSINESS OR INDUSTRY C.C. Service Station	
13a. FATHER'S NAME Delbert Riggs		13b. MOTHER'S MAIDEN NAME Harriet Stiles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT C. Catherine Riggs 5374 N. Kingshighway	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Atherosclerosis DUE TO (c) 4201		12. CITIZEN OF WHAT COUNTRY USA	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at St. Louis Mo 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carlo Leo M.D.	22b. ADDRESS 5074 Union St. Louis MO 63116	22c. DATE SIGNED MAY 27 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/1963	23c. NAME OF CEMETERY OR CREMATORY Bellevue Cemetery	23d. LOCATION (City, town, or county) St. Louis MO.
24. FUNERAL DIRECTOR SUEMEYER & SON'S 3934 N. 20th Street		25. DATE RECD. BY LOCAL REG. MAY 27 1963	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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OR
TYPEWRITER RIBBONVS 300
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. 3749

P. O. Address St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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Handwritten notes and signatures at the bottom of the page.